

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1998

Application or Docket Number

08/913803

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	16 minus 20 = *	0
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT		

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE
	305.00
X\$ 7=	
X32=	
+105=	
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	910 610.00
X\$14=	
X64=	
+210=	
TOTAL	910 PD.

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	17	Minus	** 20	=
Independent	*	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 7=	
X32=	
+105=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$14=	
X64=	
+210=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	17	Minus	** 17	=
Independent	*	3	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
X\$ 7=	
X32=	
+105=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$14=	
X64=	
+210=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	10	Minus	** 17	=
Independent	*	2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					

RATE	ADDITIONAL FEE
X\$ 7=	
X32=	
+105=	
TOTAL ADDIT. FEE	

OR

OR

OR

OR

RATE	ADDITIONAL FEE
X\$14=	
X64=	
+210=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY  
TYPE ☐

OR

OTHER THAN  
SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

OR

RATE	FEE
BASIC FEE	740.00
X\$18=	
X84=	
+280=	
TOTAL	

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *	10	Minus ** 10 =
	Independent *	2	Minus *** 2 =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *		Minus ** =
	Independent *		Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total *		Minus ** =
	Independent *		Minus *** =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
**Washington, D.C. 20231**

REQUEST FOR PATENT FEE REFUND																
1 Date of Request: _____			2 Serial/Patent # <u>08/913803</u>													
3 Please refund the following fee(s):			4 PAPER NUMBER	5 DATE FILED		6 AMOUNT										
	Filing			<u>22 Sep 97</u>		\$ <u>130</u>										
	Amendment					\$										
	Extension of Time					\$										
	Notice of Appeal/Appeal					\$										
	Petition					\$										
	Issue					\$										
	Cert of Correction/Terminal Disc.					\$										
	Maintenance					\$										
	Assignment					\$										
	Other					\$										
			7 TOTAL AMOUNT OF REFUND				\$ <u>130</u>									
			8 TO BE REFUNDED BY:													
10 REASON:			Treasury Check													
<input checked="" type="checkbox"/>	Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:												
	Duplicate Payment		9 <table border="1"><tr><td>0</td><td>7</td><td>--</td><td>0</td><td>8</td><td>3</td><td>0</td></tr></table>							0	7	--	0	8	3	0
0	7	--	0	8	3	0										
	No Fee Due (Explanation):															
11 REFUND REQUESTED BY: <u>Patricia A. Liguori</u>																
TYPED/PRINTED NAME: _____				TITLE: <u>Paralegal Specialist</u>												
SIGNATURE: <u>Patricia A. Liguori</u>				PHONE: <u>305-3656</u>												
OFFICE: <u>PCT</u>																
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																
APPROVED: _____				DATE: _____												

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*